DOCUMENT RESUME

ED 289 152 CG 020 419

AUTHOR Fradkin, Howard R.
TITLE AIDS: New Challenge to the Counseling Psychologist in Private Practice.
PUB DATE Aug 87
NOTE 9p.; Paper presented at the Annual Convention of the American Psychological Association (95th, New York, NY, August 28-September 1, 1987).
PUB TYPE Reports - General (140) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; *Counseling Techniques; Crisis Intervention; *Homosexuality; *Psychologists; Psychotherapy
IDENTIFIERS *Counseling Psychology

ABSTRACT

Counseling psychologists, especially those who work with homosexual men, may find that Acquired Immune Deficiency Syndrome (AIDS) is a major focus of their work. Therapists must be comfortable talking explicitly with these clients about sex, and must be able to help clients talk explicitly about their behavior. Clients often feel ambivalent about being tested for the AIDS antibody. Therapists can help these clients explore for themselves the ramifications of finding out their antibody status and can help clients make their own choice about testing. Counseling psychologists can also provide crisis intervention to persons who have received a positive antibody result. Physicians may refer to a therapist patients who may be either antibody positive or negative, but who are convinced they are going to die of AIDS. Counseling psychologists can also work as consultants to local AIDS task forces, providing education and training through psychoeducational workshops and other programs, and giving direct services to clients. There are numerous opportunities for counseling psychologists in private practice to become involved in AIDS work. Counseling psychologists have a responsibility to become informed and to provide sensitive therapeutic services to the community. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

BEST COPY AVAILABLE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Howard R. Fradkin
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Howard R. Fradkin, Ph.D.
Affirmations: A Center for Psychotherapy & Growth
918 South Front Street
Columbus, Ohio 43206
(614) 445-8277

ED289152
CG 020419

AIDS: NEW CHALLENGE TO THE COUNSELING PSYCHOLOGIST IN PRIVATE PRACTICE

As a private practitioner for the last five years working primarily with gay men, AIDS has been a major focus of my work. Today I'd like to share my experiences in the varied roles I have played to help my clients and the community as a whole to deal more effectively with the AIDS crisis. I will describe my role as a psychotherapist, consultant to a local community AIDS task force, consultant to a statewide AIDS coalition, trainer, and preventive education workshop facilitator.

There is hardly a day that goes by in my psychotherapy work when AIDS is not mentioned by at least one of my clients either in individual or group psychotherapy. While most of my clients are gay or bisexual men, I also have seen heterosexual clients with AIDS concerns as well. For the gay and bisexual men, AIDS has had a major impact on their relationship building experiences. For many men, I have helped them to explore how the AIDS crisis could be used as a positive force in their lives. AIDS has helped many to leap ahead in life to ask questions they might not have asked until they were much older-- questions such as how should I spend my life if it potentially could be greatly shortened? Am I leading the kind of quality life I really want now? Am I happy with my friends or lover?

For a number of men, a major area of concern naturally is their sex lives. Due to the great variety of information being published everyday in some newspapers and TV shows, there is a great deal of confusion as to how to safely engage in sex without putting oneself at risk. So much of my work has been in the area of sex education and sex therapy. Many men are not comfortable talking about sex, and it is important that you as

the therapist are very comfortable talking explicitly about sex. When questions come up about condoms, I want to be able to explain explicitly how to put one on, what lubricants to use, and whether they come in sizes. Many men have become sex avoidant, retiring to their fantasies and VCR. Inevitably, this has led to much depression and feelings of alienation. For others, they have opted for the denial route, and engage routinely in unsafe sex. Again, as a therapist in this crisis, I need to be able to help my clients talk explicitly about their behavior with me, and help them to explore what the behavior means for them. For some of them, the issue may be as simple as the need to learn how to assertively ask their partner to practice safe sex. It is helpful to reframe safe sex practice as a means of saying, I care about myself and I care about my partner. For others, poor self-esteem coupled with a sense of powerlessness needs to be explored.

Clients often feel very ambivalent about whether to take the HIV antibody test. Initially in the crisis, I played an advocacy role and urged clients not to take the test until they could take it with guarantees of anonymity and confidentiality. Now that such testing programs are in place, I can help clients explore for themselves the ramifications of finding out their antibody status. It is very important for clients to feel they have a right to make an individual choice about testing. Finding out results for some people has been emotionally devastating.

In addition to gay male therapy groups, in which AIDS concerns are frequently raised, I also co-lead a support group for People With AIDS and AIDS-Related Complex. Frankly, I was very hesitant to facilitate this group. I was already feeling pretty overwhelmed, and I was fearful of whether I could emotionally handle what I perceived to be a pretty depressing group. My expectations couldn't have been further off. It has turned out that the support group has been one of the greatest delights

and satisfying therapeutic experiences of my life. Together with a clinical social worker, we meet weekly with about 10-16 PWA's and PWARC's for an hour and a half. Most of the session is spent sharing experiences, feelings, and knowledge. We spend a lot of time laughing with each other. We actively support each member to be as powerful as he can possibly be, whether this be with doctors, family members, lovers or friends. We have created an environment where these men can thrive, and not just prepare to die. One of my favorite quotes from one of the guys is "You know, guys, you'd better prepare a contingency plan, because it is just possible that you might LIVE."

I have had a number of referrals from local physicians of people we call the "worried well". These men may be antibody positive or negative, and are convinced they are going to die of AIDS. They tend to be hyperalert to any physical problems that might arise, and go running to their doctor each time, only to be told the mysterious bump is a pimple, not a Kaposi's Sarcoma lesion. These clients in my experience are highly resistant to therapy, especially to exploring what role the anxiety may be playing in their lives. They tend to be quite homophobic and relationship avoidant, but don't want to discuss anything except their AIDS fear. I try to validate the importance and validity of their fears, because AIDS is a very scary disease. I also use relaxation training and self-hypnosis, but usually a more in-depth approach is needed. Group psychotherapy can be helpful if they can make a commitment to it.

Local test sites often need mental health referrals to help the folks who have difficulties in dealing with their positive antibody status. I have seen a number of clients in crisis from the local health department who are pretty scared. It has been important for me to become well-educated about the test,and what it means, and doesn't mean. Crisis intervention skills are useful in helping with the common reaction that my whole life has been shattered since receiving a positive test result. For

couples, the implications of a positive result can be quite traumatic. Recently I saw a bisexual man who had decided to become engaged to a woman. They decided he'd take the test, fully expecting it would come back negative. This couple felt quite upset, and were having a lot of difficulty openly communicating the wide range of feelings they were experiencing.

Some non-gay PWA's have been very resistant to seeing a therapist openly identified as a gay man. Some of these folks are very angry at gay men, and blame them for their illness. For this reason, it is important for non-gay therapists to be available for PWA's who are IV-drug users, recipients of blood transfusions, hemophiliacs, and children.
As you can see, the counseling psychologist faces a number of challenges in the AIDS crisis in working with individuals, couples and groups. Our training and philosophical approach fit well in providing affirmative services for people affected by this crisis.

Next, I would like to discuss the role of the counseling psychologist as a consultant to local AIDS task forces. In my case, I was involved from the very beginnings of the Columbus AIDS Task Force back in February, 1984. Our task force was begun with a meeting of interested people from the community who were concerned about the crisis. I want to emphasize that at the time we only knew of one Person With AIDS in Columbus.

My initial role on the committee was to provide input as a psychologist of suggestions for ways to organize any potential services we could offer. Even at that time, we knew that education was one of the only ways to fight the crisis. So I assisted the members of the committee in designing a training workshop for professionals. I consulted with a group of volunteers who tackled the job of how to educate the high risk community about safer sex techniques. We developed both written materials as well

as consulted with Gay Men's Health Crisis in New York about their safe sex workshops for high risk groups. When we arranged to bring one of their trainers to Columbus, I met with him to be trained so that we could deliver the workshops locally. Naturally my training in providing psychoeducational and sexuality workshops was very helpful here.

Within a few months, it was necessary to begin providing direct services to PWA's and their significant others. I was asked to take the position of administrative director of the yet to be formed Support Services Committee. I couldn't have done it without the support and help of many contacts in other cities who had already developed such services, and I would highly recommend consultation with others before you reinvent the wheel. Of course, every locale brings with it its own unique situations. I felt it was important to have a multi-disciplinary approach to the committee, so I recruited folks with medical, clinical social work, nursing, and administrative backgrounds. I also felt it was very important to include a PWA as a client advocate on the committee. The committee developed a series of policies of how clients would become connected with our buddies, as well as specific policies for our volunteers to guide their behavior. We recognized that we were asking community volunteers to put themselves in a potentially difficult situation and we wanted them to be as prepared as possible.
Training of volunteers to become buddies is an intensive weekend experience, which includes a number of small groups and experiential exercises. We utilize role playing exercises, fantasy and visualization exercises, and a number of trust exercises involving touch and physical contact. My role in the training has changed over time, but has included coordinating, facilitating small groups, consulting with the coordinator, training new facilitators, lecturing on the psychological aspects of AIDS, evaluating, screening volunteers for the training, consulting with

individual volunteers during the training to assist them in processing their feelings, and supporting the training staff.

I also was involved in developing the training for our support group facilitators for our volunteers. We recruited a number of mental health professionals from the community who agreed to facilitate a once a month support group for a small group of volunteers to discuss how their volunteer experience was going. The training for the mental health professionals was an abbreviated form of the weekend training. We find an ongoing need for further facilitators as our volunteer group grows larger after every training weekend. At present, we have over 150 active volunteers providing support for over 70 clients.

When the alternative test sites were opened, the local health department asked me to train some of our volunteers to serve as peer counselors at the clinic. This has been a very successful joint effort between the department and the task force. Volunteers provide pre-test and post-test counseling, as well as make referrals when necessary.

As a member of the Executive Committee of the Task Force, I was able to again provide psychological input to policies and activities. I assisted the grants coordinator in successfully applying for an alternative healing program for our PWA's. The program will include hypnosis, relaxation training, creative visualization, yoga and exercise, nutrition, hands-on therapies, and occupational therapy. I consulted with the education committeee in preparing educational brochures on dealing with a positive HIV test, safe sex, and women and AIDS.

You may be wondering, how could I have a full-time private practice and do all this? Actually, the time it took varied from week to week, but probably averaged 5 hours per week. I believe prevention activities are an important responsibility of counseling psychologists, and I see my

involvement in the task force as a means of reaching a large number of potential clients and hopefully saving them from the devastating aspects of AIDS. Personally, my involvement has been one of the biggest professional and personal challeges of my life. I have had to explore a lot of painful areas in my own personality as I stretched myself in a time of crisis to meet an important need in the community. I felt empowered myself, and truthfully, working on the task force in some ways helped me to have a small sense of security that perhaps I might be spared.

Naturally, in the process of working on our local task force, I had the opportunity to network with other professionals across Ohio working on the issue. We are fortunate in Ohio to have a very progressive health department. They came to us, the service providers, to solicit our input in their AIDS policies. It has been exciting to serve as a consultant to the AIDS Activity Unit staff as they have grown and struggled with various community health issues, including how they would administrate the alternative testing and education centers, and how they would approach the problem of housing and nursing home care for PWA's. It was the health department that encouraged us and facilitated us forming a statewide AIDS coalition. In that group, I have helped to facilitate the folks in the state who provide support services to help advise the state health department on support issues. Recently, we successfully proposed that the state health department help fund a statewide alternative healing weekend for PWA's and PWARC's. I am serving as the coordinator of that weekend retreat in October, which we hope will become a prototype of a healing experience that can be repeated throughout the state.

The problem with nursing homes for PWA's has been most frustrating. I have had an ongoing conflict with the department about what would be the most appropriate placement for PWA's. The department has advocated placing PWA's among the rest of the nursing home population. I have

argued from a psychological perspective that this would be non-theraputic for most PWA's, who would probably be stigmatized and treated as outcasts.

There are numerous opportunities for each of you in private practice to become involved in AIDS work. I believe that most of us, whether we want to or not, will come in contact with people affected by the disease, regardless of the population you work with. I believe too it is our responsibility to become informed and to provide sensitive therapeutic services to the communities we serve. As counseling psychologists, I feel we are especially appropriate to provide such services. We have always recognized that people need help in various developmental stages and crises. We have always advocated for people to recognize and affirm their strengths in facing their problems. We have been trained to help people utilize their internal resources to heal. We have learned how to help people who are different, and how to help these folks feel positive about their differences. We have great expertise in developing psychoeducational workshops, which are very appropriate models for helping people learn about AIDS and focus on changing their behavior to protect themselves and the people they love. I am proud to be a counseling psychologist working on the front lines of this crisis, and I hope you will join me and my colleagues in the fight.